

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Carpenter, *et al*

PATENT NUMBER: 6,103,530

NUMBER: FILING DATE: October 23, 1998

FOR: CULTURES OF HUMAN CNS NEURAL STEM CELLS

EXAMINER: Christopher R. Tate

ART UNIT: 1651

RECEIVED

JUN 03 2010

OFFICE OF PETITIONS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Boston, Massachusetts

COMMUNICATION REGARDING ENTITY STATUS

Applicants of the above-identified patent established small entity status in good faith and paid the maintenance fees as a small entity in good faith. However, Applicants have discovered such small entity status was maintained in error without deceptive intent when the maintenance fee was paid.

In accordance with 37 C.F.R. § 1.28(c)(1)-(c)(2), Applicants submit herein an itemization and deficiency payment resulting from previous payments of small entity fees.

Itemization of the Deficiency Payment is presented on page 2 of this paper

Remarks begin on page 3 of this paper.

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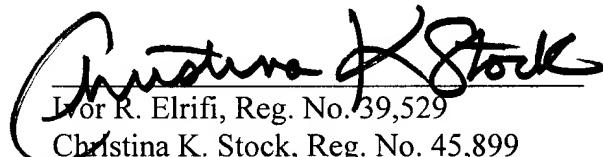
REMARKS

In accordance with the provisions of 37 C.F.R. § 1.28(c)(1)-(c)(2), Applicants submit herein an itemization and deficiency payment resulting from the previous payment of small entity fees. Applicants authorize the Commissioner to charge the payment in the amount of \$1,300.00 to cover the deficiency payment to Deposit Account No. 50-0311 (Reference No. 17810-049 DIV1 (CTI-49 DIV1)).

Pursuant to 37 C.F.R. § 1.28(d), this deficiency payment also serves as a notification of a loss of entitlement of small entity status. Although Applicants believe that no additional fees are due in connection with this submission, the Commissioner is authorized to charge any deficiencies to Deposit Account No. 50-0311 (Reference No. 17810-049 DIV1 (CTI-49 DIV1)).

If the enclosed papers are considered incomplete, the Mail Room is respectfully requested to contact the undersigned collect at (617) 542-6000, Boston, Massachusetts.

Respectfully submitted,



For R. Elrifi, Reg. No. 39,529
Christina K. Stock, Reg. No. 45,899

Attorneys for Applicants
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Customer Number 30623

Dated: May 19, 2010

4920758v.1

U.S. Patent No. 6,103,530
Carpenter, *et al*

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Itemization of the Deficiency Payment:

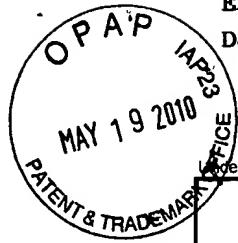
Type of Fee	Small Entity Fee Actually Paid	Date of Payment	Current Large Entity Fee Amount	Deficiency Owed
7 1/2 Year Maintenance Fee	\$1,180.00	02/28/08	\$2,480.00	\$1,300.00
Total Deficiency Payment Owed:				\$1,300.00

Date of Deposit: May 19, 2010

PTO/SB/21 (07-09)

Approved for use through 07/31/2012. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

4

Application Number

Patent#: 6,103,530

Filing Date

Issued: August 15, 2005

First Named Inventor

Melissa Carpenter

Art Unit

1651

Examiner Name

Christopher R. Tate

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JUN 03 2010

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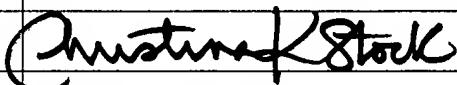
Attorney Docket Number

17810-049 DIV1 (CTI-49 DIV1)

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Communication Regarding Small Entity Status (3 pgs.)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MINTZ LEVIN COHN FERRIS GLOVSKY AND POPEO, P.C.		
Signature			
Printed name	Christina K. Stock, Esq.		
Date	May 19, 2010	Reg. No.	45,899

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TRANSMITTAL FORM

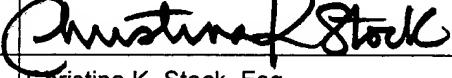
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	4	Attorney Docket Number	17810-049 DIV1 (CTI-49 DIV1)
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Firm Name	MINTZ LEVIN COHN FERRIS GLOVSKY AND POPEO, P.C.		
Signature			
Printed name	Christina K. Stock, Esq.		
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